Family Care UPDATE

Options for Long Term Care   **January 2002**

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Increase consumer choice

Improve access to services

Create a comprehensive and flexible long term care service system

Improve quality through a focus on health and social outcomes

Create a cost effective long term care system for the future

Long Term Care Functional Screen Makes Use of Latest Technologies

Wisconsin's Long Term Care (LTC) Functional Screen can now be accessed on an Internet web site, which allows the screen information to be automatically transferred to the State and makes monthly reporting of screens by local agencies a thing of the past.

The LTC functional screen, developed in 1997, is used to determine a person's functional eligibility for Family Care, the Wisconsin Partnership Program and PACE (Program of All-Inclusive Care). The newest version of the functional screen was rolled-out in the Family Care counties successfully on October 22, 2001. During 2002, the functional screen will be expanded to other waiver program counties in Wisconsin.

In addition to moving the functional screen to the Internet, several new features were added to make the screen easier to use. Some of these features are:

- Automatic checks which make it impossible to enter certain conflicting or incomplete information, thus ensuring the best data possible and promoting accuracy in determining level of care.

- A complete history of changes made to screens.

- A "frequently asked questions" feature for screeners to use as a resource while entering screen information.

Gail Cheatham, the Screen Lead for the Milwaukee County Department on Aging Resource Center, has indicated that she finds the majority of the screen to be user-friendly, and appreciates that the screen can be easily and electronically forwarded to the CMO or other professionals who will be working with the consumer.

Training on the new screen was held in several locations throughout Wisconsin in early October. Each Family Care Resource Center, Care Management Organization, Wisconsin Partnership Program and PACE site had the opportunity to send staff to the training, which

Lisa Pence, lead functional screener at the Portage County Resource Center, show the new web-based functional screen to Lt. Gov. Margaret Farrow, DHFS Secretary Phyllis Dubé, and DHFS-Division of Supportive Living Administrator Sinikka McCabe.

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provided hands-on exercises in entering new screens. The people who attended the training had the responsibility of training additional staff back at their own agencies.

The new web-based version of the functional screen has several security features built into it. A screener must have a valid log-on ID and password in order to access the screen web site, and access to completed screens is limited to agencies and staff who are working with that person.

Implementing the web-version of the LTC Functional Screen for Family Care, PACE and Partnership is only the first phase of expanding its use state-wide. During 2002, the functional screen will begin to be used to determine eligibility for home and community-based waiver programs in other Wisconsin counties as well. ◆

Becoming a Certified Screener for Wisconsin's Long Term Care Functional Screen Just Got Easier

Wisconsin's Long Term Care Functional Screen can only be administered by clinically certified professionals with long-term care experience. Up until two months ago, potential screeners were required to attend a six-hour training session held by the Department of Health and Family Services (DHFS) and pass a post-test to become clinically certified. The training included information on activities of daily living, diagnoses, health related services, cognition, behavior, and assessing risk. The availability of the clinical training sessions was limited due to staffing and travel constraints, while demand for training in the use of the functional screen was steadily increasing.

To meet this growing demand, an on-line course and user-certification process has been developed. Utilizing WebCT (Web Course Tools) technology, the new screener certification course is a flexible, self-directed tool designed to meet the learning needs of potential screeners with different experiences and learning styles. The course is available on-line through any computer with Internet access. Before entering the course for the first time, potential screeners are required to register on-line with a pre-assigned user name.

The course is based on revised functional screen instructions that can be read on-line or printed out. To supplement the instructions, seven case scenarios run throughout the course to provide learners with the opportunity to apply the instructions to "real-world" situations. In addition, practice tests provide immediate feedback and links to applicable sections of the instructions, giving learners the chance to test their knowledge before they step into the on-line testing room to take one of eight multiple choice certification exams. Potential screeners are able to see their grades on-line immediately after taking the exams.

Testing of the on-line course took place in early November 2001. Results of the testing showed that the course was both user-friendly and successful at preparing users for the certification exams. The majority of testers found the on-line technology convenient and flexible. One tester reported that it was "Nice that we could go into the system and do it as we had the time to complete it. Very user friendly!" Another wrote, "It was convenient that [the course] could be stopped and started easily." Testers also enjoyed the optional supplemental material to the instructions. "The scenarios and practice tests were most helpful" and the "practice tests [were] extremely helpful and [the] encouraging comments were nice."

The on-line course is now available to people seeking to become certified functional screen users and who work at agencies with responsibility for completing functional screens. Comments and feedback will continue to be collected from course enrollees for on-going course improvement efforts. ◆

CMO Prevention Programs Use Practice Guidelines

To achieve members' health outcomes, CMOs must have effective prevention and wellness programs. As part of that effort, CMOs are developing practice guidelines to assure the best possible care and prevention of health conditions that affect their members.

Practice guidelines are commonly used in health care settings to ensure the best treatment of diseases such as diabetes and heart disease, but these clinical guidelines are not always flexible enough to accommodate individual preferences. In Family Care, the goal is to develop practice guidelines that provide clear direction to everyone involved in helping members treat and manage specific health problems, but to do so in ways that recognize members' individual preferences and lifestyles. Family Care practice guidelines include:

- An explanation of the disease or health condition.

- Information about anticipating, recognizing and responding to symptoms of the disease or health condition.

- Suggestions for making sure members have the support they need to follow treatment recommendations.

- Suggestions for training and educational resources for members and their support teams.

In developing the guidelines, each CMO first identified a health condition that affects a significant number of their members. Then a team of nurses and social workers researched the best ways to manage the condition. To assure the guidelines would be based on current information about most effective treatment options, CMOs collaborated with

Staff at Community Care of Portage County work on a practice guideline to help members with congestive heart failure have the best possible health. From left to right: Jessica Schmidt, Sue Stevens, Rick Foss, Dixie Griesbach, Christianah Olatunji, and Jean Klingenmeyer.

health care professionals and specialists in their local communities. For their first set of guidelines, CMOs are focusing on management and treatment of the following health conditions:

- Congestive heart failure (Portage)

- Spacticity related to neuromuscular disease (La Crosse)

- Urinary tract infection (Richland)

- Depression (Fond du Lac)

- Exacerbation of diabetes (Milwaukee)

CMOs are currently revising their first drafts of practice guidelines based on feedback from health care professionals in their communities. Once the guidelines are finalized, each CMO will pilot its guideline and collect data to determine how effective the guideline is in improving members' health. CMOs will also get feedback from members about how user-friendly the guideline is. Eventually, the practice guidelines will be shared among all the CMOs so they can benefit from each other's efforts.

Practice guidelines will continue to be developed by CMOs to help them prevent

poor health outcomes, and to support members to achieve health outcomes that are important to them. Practice guidelines will help CMOs to:

- Provide members with best-practice standards for managing health conditions and diseases.

- Develop care plan strategies for maintaining or improving health that incorporate members' values and lifestyle preferences, wherever they live.

- Identify areas where members, providers or families need education or training.

- Identify areas where the CMO needs to develop more or different services.

- Ensure members have the support and resources they need to be successful in managing their health in ways that they agree with.

Prevention efforts, like the practice guidelines described above, will help CMO members achieve the best possible health, and also help Wisconsin built a cost-effective long term care system for the future. ◆

Secretary Dubé Reappoints Council on Long Term Care

Department of Health and Family Services Secretary Phyllis Dubé recently reappointed the members of the Council on Long Term Care to serve as her key advisors on long term care. In addition, she has added two new positions to assure the Council has representation from all the different groups of consumers affected by the long term care system. (See sidebar for a list of current members.) Tom Rand of La Crosse was reappointed Chair of the Council.

The last state budget did not continue the Council as a body which is appointed by and reports to the Governor, but Secretary Dubé has stated she wants the Council to continue meeting and to provide advice to her in this critical time as Wisconsin continues improving its long term care system. Secretary Dubé shared her new charge to the Council at their September 28 meeting (the charge can be found on the Council's web site at www.wcltc.state.wi.us). At that time Secretary Dubé noted that the Governor's top concern is to assure the future fiscal stability of the state. Without that stability, all existing programs and services will be at risk.

The Secretary said she is committed to a greater focus on serving older people and people with disabilities in their own homes and communities whenever appropriate, and noted that "We must continue our progress [toward this goal] in a consistent and steady manner."

The Secretary charged the Council with providing her advice on how to continue the momentum toward the goal of transforming our current long term care system, while also accomplishing the Governor's goal of state fiscal stability. To do that, the Council will need to understand how the current long term care system is working, identify unmet needs, and prioritize potential responses.

Another important task for the Council will be to monitor and evaluate the progress of the Family Care pilots. She said, "We need your thoughts on evaluating the progress of the pilots and on whether they are accomplishing the goals of Family Care and long term care

DHFS Secretary Dubé (left), Lt. Gov. Margaret Farrow (center), and DHFS-Division of Supportive Living Administrator Sinikka McCabe listen to and answer consumers' questions while visiting the Portage County Aging & Disability Resource Center.

redesign. And finally, we need your analysis on whether or not Family Care is an affordable option for the future.''

Secretary Dubé noted that she also needs the Council's advice on how the Children's Long Term Support Redesign initiative will fit into a redesigned system. In addition, she asked the Council to keep abreast of improvements in the mental health system with an eye to how programs come together for people with long term care needs. She said, "We know that people often do not fit neatly into one category or another or who may need to transition from one system to another. All the systems need to work together.'' ◆

Check our web sites for the latest news

Family Care:

www.dhfs.state.wi.us/LTCare

Wisconsin Council on LTC:

www.wcltc.state.wi.us

Family Care Resource Centers: Linking people with resources to help them gain employment

One of the biggest barriers to employment for individuals with disabilities is that their earnings may make them ineligible for Medicaid, which they need to meet their health care needs. In response to this, Wisconsin designed the Medicaid Purchase Plan (MAPP), which allows individuals to substantially increase their earnings and assets while maintaining their Medicaid coverage.

As the main point of entry for information on long term care services, Family Care Resource Center staff are knowledgeable about all types of programs and services available in their community to support consumers with long term care needs. Two programs that Resource Center staff refer people with disabilities to are the Medicaid Purchase Plan (MAPP) and the Health and Employment Counseling Program (HEC). This article focuses on what HEC and MAPP are and how they can help people with disabilities work and maintain their health care insurance. To participate in MAPP, individuals must meet the following requirements:

- Receive a disability determination from the Disability Determination Bureau.

- Be 18 years of age or older.

- Reside in Wisconsin.

- Be working or be enrolled in the Health and Employment Counseling Program (HEC).

- Have assets under $15,000.

- Have a family adjusted income of less than 250% of the federal poverty level, based on family size. Depending on individual income, the individual may be required to pay a premium for this health care coverage.

HEC participants receive help developing their own employment plans, which address their barriers to employment, and assure they understand the effect that earned income will have on benefits. By participating in HEC, individuals who are not employed but would like to be can enroll in MAPP and receive health care coverage. HEC participants have a nine-month period to gain employment. At the end of the period, if the person is not employed, he or she is no longer eligible for MAPP, but an extension may be requested for up to three months. Individuals can have two HEC periods over a five-year span. The two periods must be separated by at least six months.

For more information about MAPP and HEC, contact your local Family Care Resource Center, your county Economic Support unit, or call (800) 391-2950. ◆

Evaluating Family Care: The Second Report from the Lewin Group

The Department and Family Care pilots ''are making good progress toward full implementation and stabilization'' of the Family Care program, according to the second Lewin Group report on the implementation of Family Care. The Lewin Group, a health care consulting firm located in Falls Church, Virginia, is under contract to the Legislative Audit Bureau (LAB) to provide an independent evaluation of the Family Care pilot program. LAB released the second Lewin report on November 26, 2001. (The first report was released in November 2000.)

While pointing out that the Family Care pilot programs are at different stages in terms of program process, capacity, and enrollment, the recent report noted that Resource Centers

"conduct effective outreach to individuals who would benefit from information about long-term care options," and that "providers noted that individuals are no longer entering the system at the point of crisis, which may indicate that the Family Care model reaches individuals sooner than the previous system." Care Management Organizations (CMOs), the report notes, "have made great strides in implementing the interdisciplinary team with increasing participation of consumers and providers." The Lewin Group also reports that in the CMO counties "access has been increased through the opportunity for services to be delivered more equally, creatively, and rapidly than the previous system."

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The Lewin Group points out that a key infrastructure development issue in Family Care is the increased demands on the Economic Support (ES) staff who determine whether applicants meet financial and other eligibility requirements. Lewin indicates that, in the five counties where the Family Care benefit is available, the Resource Centers and CMOs that had more closely involved ES staff established better working relationships and had fewer administrative difficulties later on. It also seems that the physical location of ES staff may affect how well the system works and both CMO and Resource Center staff expressed a need to have easy access to ES staff for ongoing questions and coordination.

Lewin reports that the Family Care pilot counties are making progress in their efforts to use information technology effectively and notes that IT system development is central to building an effective program in the Family Care model. The report also notes that implementation of the enrollment consultant function will increase the importance of electronic information exchange and good working relationships among the Resource Centers, CMOs, and Economic Support staff.

Lewin concludes that the success of Family Care depends on the efficient management of services and costs, and that while the pilot counties are working through some administrative issues, the access to long term care services has improved, particularly when measured by the elimination of waiting lists for community-based care.

The report notes that despite the fact that the number of contacts per month are increasing, Resource Centers continue to meet their goals for providing information about long term care options and are filling a previously unmet need in the community.

During the next two years, the Lewin Group will provide additional reports on the implementation of Family Care, as well a final report, to be issued September 2002, on the impact and cost-effectiveness of Family Care. As stated in his 2001-03 budget veto message, Governor McCallum indicated that with the final evaluation report we, "should have better information to understand the cost effectiveness of the program, both in terms of the cost per person served as well as the overall cost of the pilot compared to current programs, and the quality of services received by participants and their families."

Contact the Legislative Audit Bureau at (608) 266-2818 to request a copy of the Family Care evaluation report, or go to LAB's web site at www.legis.state.wi.us/lab. ◆

Family Care Enrollment Consultation

Starting in January 2002, eligible people who want to enroll in Family Care will speak with an enrollment consultant as the last step before receiving Family Care services. The enrollment consultant will speak with the person by phone or in person to make sure he or she fully understands what it means to receive health and long term care services from a managed care program. The federal government requires that people who enroll in Medicaid managed care programs such as Family Care must receive information about the different service options available to them. The information must be provided by someone who does not work for the same organization or county that operates the Care Management Organization (CMO).

The Department of Health and Family Services (DHFS) has contracted with a private non-profit organization – the Southeastern Wisconsin Area Agency on Aging – to provide enrollment consulting in the five counties where CMOs are operating. The consultation will be tailored to potential enrollees' individual situations, including how much they already know about Family Care, and how they communicate most effectively.

The enrollment consultants will need to understand potential enrollees' personal situations well enough to give them complete, accurate and unbiased information that is appropriate for that individual. This includes information about:

- The full range of services available should the person choose not to enroll in Family Care, including home care,

community services, case management, and nursing home and other residential services.

- All available publicly funded long term care programs, including Medicaid state plan services and Family Care services (and in Milwaukee County, PACE and Partnership) and the advantages and disadvantages of each.

- Factors to consider when choosing different programs or services, including cost, quality, outcomes, estate recovery, compatibility with the person's preferred lifestyle and residential setting, and available resources.

- Consumer rights and responsibilities, including complaint, grievance and fair hearing procedures.

In counties where there is more than one managed long term care program to choose from (currently only in Milwaukee County), the enrollment consultant will provide information that compares the different choices, including what services each program offers and what services it does not, any limits or restrictions on receiving certain services, and any available information about the quality of services in the different programs.

Finally, if the person decides to enroll in a managed care program, the enrollment consultant will review information about that specific program, including the member handbook, and help the person complete the enrollment process so he or she can start receiving services.

The Resource Centers in each county where there is also a CMO has taken the lead in working with the CMO and Economic Support unit to assure the whole eligibility and enrollment process is as efficient and consumer-friendly as possible. Both the pilots and the Department hope this goes smoothly, but recognize that, as with any new process, there may need to be adjustments to improve the process for future enrollees. ◆

In the Spotlight…

Before joining Family Care, Pat and J. Richard (Rudy) Ruedebusch were struggling. Rudy, who once worked as an airplane pilot, needs personal care assistance every day because of the effects of a stoke. Rudy's wife Pat works full-time as a registered nurse to support them both. Although family funds were limited, they were able to hire a friend from the neighborhood to help Rudy for some of the time Pat was at work, but Pat usually came home each lunch hour to provide care to Rudy. This was a very stressful situation for them both.

Pat's employer could see that working full time while also caring for Rudy was taking a toll on her, and suggested she speak with the Portage County Aging and Disability Resource Center. Resource Center staff helped Rudy enroll in the Care Management Organization (CMO). Rudy and Pat took advantage of the CMO's self-directed support option to continue employing the friend who had been helping them. They were also able to hire additional care providers so Rudy can receive the care he needs while Pat is at work, and Pat, in her words, "can finally go back to being Rudy's wife."

Rudy is also getting out of the house more. One day a week Rudy, who has limited ability to speak since his stroke, goes the Portage County Department on Aging to attend a creative writing course. Rudy is able to express his thoughts and feelings by writing stories and letters on a computer. He recently wrote a letter to his soon-to-be-born grandchild, describing his hopes that his grandchild "may grow up in a world free of the encumbrances of war, and you will know not hatred or bigotry or prejudice."

Because of the Family Care benefit, Pat is able to continue working full time, and Rudy is able to live a productive life at home, where he can be a husband, father, and soon, a grandfather. ◆

Lisa Pence (right), from the Portage County Aging and Disability Resource Center, visits Pat and Rudy (Center) at their home.

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Family Care: Making a Difference

Department staff recently received a letter from a member of an interdisciplinary care management team at Community Care of Portage County, the CMO pilot there. Nurse Jean Klingenmeyer's letter describes how the Family Care philosophy of member-centered care management has made a difference to CMO members and interdisciplinary teams. The following is an excerpt from the letter:

"Just a brief note to let you know that…Family Care does make a difference…

I didn't realize that Family Care member-based outcomes were so important. They are the outcomes of the individual, not "the system." Outcomes are personal, not just personalized. They are what my parents or even my 103-year-old grandfather would want. They are every citizen's rights… Family Care outcomes simply define what I would want for myself or my family. It's hard for me to explain the excitement and enthusiasm for the work I'm doing.

That's why I'm writing to you [DHFS]. I want you to know that there are people out here in the pilot areas that are now envisioning the same dreams and experiencing the same excitement that you must have had at some point. Hopefully this will encourage you to continue with the work you started and push even harder for a better way."

Thank you to all the care managers and providers who are working to make the vision and goals of Family Care, and the personal outcomes of CMO members, become reality!